Leadership Management and Governance Project – Ethiopia

FY14 Semi-Annual Report: LMG Ethiopia

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LMG COUNTRY REPORTING TEMPLATE

Country: Ethiopia

Source of Funding: USAID LMG Project

Objectives of program

1. To facilitate the development of LMG in-service training module for higher level, mid-level and low level health managers
2. To facilitate the provision of LMG in-service training within the health sector in Ethiopia
3. To capacitate training institutions and professional health associations so that they will become partners for FMOH in the provision of technical assistance in the area of LMG

Key achievements and challenges

Key Achievements

Intermediate result 1: Management system in place for harmonized, standardized, accredited LMG in-service training for Ethiopian health workforce

Sub Intermediate Result 1.1: LMG in-services training modules/curricula development team established at FMOH HRDM Directorate

LMG continued to support the federal ministry of health develops standardized training modules in the area of leadership, management and governance. In the reporting period LMG earned remarkable achievements leading towards the realization of harmonized, standardized and accredited LMG in-service training program in the country. The process started with holding several meeting and discussion sessions with the concerned officials within the Human Resources Development and Administration (HRDA) directorate of the federal ministry of health. The ministry agreed with LMG to initiate a Technical Working Group (TWG) to develop the L+M+G in-service training modules. At the first meeting of TWG more than 17 organizations, training institutions, universities and government ministries were represented. As per the recommendations reached after the launching meeting of the TWG, LMG tasked to draft a Terms of Reference (ToR) with clear action plans for TWG. The technical working group chaired by the FMOH, conducted series of meetings and works to develop three training modules, including for seniors, district and facility levels, targeting management teams from federal ministry of health /regional health bureaus, Woreda and hospitals/health centers respectively. The TWG agreed that each module should have facilitators' guide, participants' manual and references pack. To facilitate the development of the three modules, the technical working group divided into three sub technical teams for each of the modules indicated above. Relevant experts representing deferent organizations actively participated in the development of competency areas, contents and training methodology. The key competency areas addressed in the modules include improving leadership and management skills & practices , enhancing governance of health programmes and institutions , nurturing team work and improving work climate, leveraging practical tools and processes for identifying and addressing challenges and improving result based management , leadership and governance skills in line with organizational mission and vision.

For senior leaders the modules encompass additional skills on policy development and public health policy analysis and detail practices to improve governance at all level within the health sector. Meanwhile the district and facility level modules emphasized on strategic approaches to enhance linkages with community and improving efficient and effective utilization of scarce resources of the health sector.

Sub Intermediate Result 1.2: LMG in-service training module/curriculum developed and implemented

The technical working group created a venue for all partners to contribute deferent materials in the area of leadership, management and governance. According to the recently completed mapping exercises for in-services training in Ethiopia , about eight organizations replied to the assessment team that they have leadership and management training programmes for health workers in Ethiopia. During the inventory, Ethiopian Public health Association, AMREF, Yale university, MSH, and WHO shared their materials for the TWG. After reviewing deferent materials available in the country as well as common competency areas in terms of L+M+G , the TWG developed course objectives , contents to addresses the objectives and course delivery methodology.

The team based training delivery approach for the entire in-service LMG training program found by the TWG as an important methodology to identify and address work place challenges. The approach shall help health sector leaders and health workers to improve their managing, leading and governance practices at all level.

LMG as a project and several organizations participating in the module development team expressed their concern as to the time frame to get the documents finalized vis-à-vis, on time delivery of the scheduled L+M+G in-services training programs. FMOH recommended, the TWG developed TOR to hire local consultants as part of speeding up of the document write up based on the approved competency areas, course objectives and contents. Later at the end of the reporting period, in collaboration with FMOH, LMG identified three consultants to be part of the TWG to support the team finalize all the documents within the next quarter.

In the coming quarter, FMOH requested LMG to start with delivering L+M+G training for federal ministry of health staff based on the approved objectives, contents and methodology. As part of this request, LMG met with officials of Jimma University to co-host the first workshop in January 2013. Jimma university is one of the institutions identified by FMOH to be included in the hub for in-services training programs.

Sub Intermediate Result 1.3: LMG in-service training included in RHBs in-service training plan and integrated with training institutions.

The L+M+G in-services training planned to happen at training institutions with clear linkages with nearby health bureaus. As part of introducing the project LMG team paid visits at regional health bureaus of Oromia, Amhara, Tigray, Diredawa and Harari regions.. During the visits the project result areas and health sector expectations were discussed. Moreover together with the health bureaus, the training institutions which can offer the L+M+G training were selected.

Based on our agreement with the bureau heads and other officials, LMG managed to conduct baseline assessment on LMG before the beginning of the training and other interventions.

During the reporting period, after discussions with FMOH and RHBs , the following training institutions were contacted: Jimma University, Haromaya University, Bahairdar Health Science College, Mekelle University, Hawassa University and ALERT training center

Intermediate result 2: L+M+G capacity of selected FMOH Directorates and agencies as well as Regional Health Bureaus/Zonal Health Departments/District Health Offices Developed

IR2.1: Health work force teams trained on L+M+G available at different level of the health system

Improving leadership, management and governance skills among the health workforce in Ethiopia is crucially important. Based on our work plan, during the reporting period, LMG carried out data collection as part of project baseline assessment in the area of leadership, management and governance. The assessment conducted at health bureaus of Oromia, Amhara, Tigray, Diredawa and Harari regional states. In Oromia two zonal and six Woreda health offices, and three Woreda health offices in each Harari and Derdawa town administration were included in the assessment .LMG also continued to collect baseline information from 2 directorates of FMOH, Ethiopian Public Health Officers Association (EPHOA) and ALERT training center. The remaining directorates at FMOH and SSNPR health bureaus scheduled to be assessed in the first month of the coming quarter.

LMG applied an organizational capacity assessment tool used by MSH, and other organizations like the World Health Organization (WHO). The tools capture information about leading, managing, and governing practices as well as availability and utilization of technological infrastructures, public relations and networking and collaborations.

The data was collected by a team of data collectors who were trained and participated in the pretesting sessions of the tools with LMG team. The data collection method utilized in-depth interview among heads of the directorates /core process/units and focus group discussion with representatives of the respective directorates, core process zonal and Woreda health office heads.

The data are being entered in EXCEL database, cleaned and analyzed. The preliminary findings indicate that leadership practices in several units, and core process found in need of extensive supports. It was noted that most directorates and core process conduct review meetings to track their activities, however, other leadership practices like conducting regular staff capacity assessment, prioritizing activities, aligning and mobilizing resources and stakeholders for a common goal and inspiring staff for best performances were found significantly in need of interventions. All of the management practices identified for the assessment were also found

calling for immediate actions. The preliminary assessment noted that most staff working in the health sector can't articulate the mission of the ministry or bureau of health, and further efforts needed to properly line up linkages among mission, values and strategies. The assessment finding increasingly stipulates further capacity building supports for the health sector to address community based priorities. The assessment noted that the government exerted efforts to institute proper structures that support the health sector plans at all level, however; several units, core processes are demanding capacity building supports in terms of improving accountability, transparency and evidence based decision making. . The assessment indicated that some units, and core processes sporadically avail information on resources in terms of allocation and utilization, and most sectoral units , ;however , reported that they have never done any client satisfaction survey. The assessment noted that as part of improving the skills among officials to develop clear implementation plans and directives for deferent public health legislations and policies, skill building programmes should be rolled out in the area of policy analysis as well as communication and team building practices.

LMG shall finalize the assessment earlier this quarter and the full report of the assessment will be shared to USAID.

IR2.2: Strategic and implementation plans development skills improved at FMOH

One of the priority areas of the in-services training agenda is ensuring gender equity in all LMG related capacity building program. The federal ministry of health built up a gender directorate which faces critical challenges in terms of staffing, setting up of strategic directions and limited capacity to effectively integrate gender into the FMOH's work.

During the reporting period, with close collaboration with the directorate, LMG identified senior gender advisor who will be seconded to the directorate to provide day to day technical supports. The advisor will support the directorate to finalize the gender training manual and gender mainstreaming strategic document. LMG will continue to support the directorate to strengthen and coordinate a Gender Stakeholder Group to ensure that priorities are integrated with priorities of other Directorates and begin to update and upgrade training guidelines for the federal, regional and Woreda levels to promote the mainstreaming of gender training, linking with the in services training unit under HRDA directorate.

Intermediate result 3: Institutional capacity of Ethiopian training institutions and professional health associations strengthened

IR 3.1: Strengthened LMG capacity of training institutions and professional associations

After discussions with the leadership of the Ethiopian Management Institute (EMI), the institute participated in the L+M+G training materials development team within the ministry. LMG will continue working with the institute to offer targeted technical support in the L+M+G in-services

training programs. As part of the backend support, LMG continued with conducting organizational capacity assessment in one of the training institutions, All African Leprosy and TB Training and Rehabilitation Center (ALERT), and a professional health association named as the Ethiopian Public Health Officers Association (EPHOA). Several leadership, management and governance capacity gaps were identified and discussed with the leadership and staffs of the institutions. Among deferent areas assessed, strategic linkages with the communities and other clients, resources mobilization and utilization, comprehensive financial, and programmatic monitoring and evaluation, are important areas to be improved.

Furthermore LMG will carry on capacity assessment sessions with training institutions including Mekelle ,Haromaya, Jimma and Hawasa universities and Bahirdar Health Science College. The assessments will be coupled with back end supports to improve their technical support to the nearby health bureaus, zonal and Woreda heal offices as well as hospitals and health centers in terms of building leadership, management and governances skills and practices.

IR 3.2: Program offering capacity of training institutions improved

During the reporting period, deferent curricula and modules in the area of leadership and management were revised as part of developing harmonized and standardized in-services L+M+G training modules. These materials contributed a lot to finalize the competency areas, contents and course delivery methodology by the TWG. LMG continues to encourage and support training institutions to utilize the new LMG training module in offering L+M+G related courses.

Project Management

LMG project director joined the project during the reporting period; he had been the project director of the preceding LMS project in Ethiopia. The director with the LMG team spent a lot of time in revising the work plan based on the discussion we had with FMOH, USAID, FMHACA, and the HRH project under Jhiepgo.

Two training advisors, and an institutional development advisor positions were advertised during the reporting period and LMG managed to identify two training advisors who will join the team earlier this quarter. As indicated above with the leadership of the gender directorate director and HRDA directorate representative of FMOH, a gender advisor was identified to be seconded to the directorate.

Challenge

1. Overlap of some of our activities with Jhiepgo's HRH project
2. The inexistence of standardized LMG training module at FMOH which delayed the startup of the training as per schedules.

Solution Sought

1. We discussed with Jhiepgo's HRH project , USAID and FMOH and made adjustment on some the overlapping activities. Initially, LMG project was expected to work on different kinds of in-service trainings, which was the major overlapping concern for the project as Jhiepgo is doing similar activity. Nevertheless, with the continuous discussion that we had with Jhiepgo and the FMOH, we reached on an agreement that the LMG should only focus on strengthening the LMG in-service training and Jhiepgo should work on other in-service trainings.
2. We have organized a technical working group at FMOH which is developing the training modules. The team is expected finalize the development of the modules early within the next quarter.

Next 6 months major activities

- Finalize the LMG in-service training module
- Facilitate the linkage between training institutions and regional health bureaus
- Facilitate the provision of LMG training to teams at different level of the health system
- Capacitate the training institutions and professional health associations so that they become partners in the LMG capacity building endeavors

Global PMP section

We have listed the indicators below which our project is going to report on once the LMG in-service training module is finalized and the training is started up.

Indicator reference number	Global PMP Indicator	Reporting period (July-December)	Reporting period (January-June)
3.1e	# CSOs and public sector organizations/teams receiving LMG capacity building that are implementing action plans towards strengthening health systems disaggregated by country and type of organization	NA	NA
3.3f	# of local facilitators trained to deliver LMG in-service training programs, disaggregated by country, sex, and type of organization	NA	NA
3.3g	# of health care workers who successfully completed an in-service training program in LMG, disaggregated by country, sex, type of	NA	NA

	organization and management level		
3.3h	# of senior leaders who successfully completed the LMG certificate program offered to senior policy-makers, disaggregated by country and sex	NA	NA
3.4a	# of local institutions providing capacity building to health organizations using LMG tools, models, and/or approaches disaggregated by country and type of organization	NA	NA
3.4c	# of training events on LMG delivered by local institutions or facilitators disaggregated by country	NA	NA